

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **10/522748** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1			
3						
4			2			
5			2			
6			1			
7			1			
8						
9						
10						
11			1			
12			1			
13			1			
14						
15						
16						
17						
18						
19						
20						
21						
22			1			
23			1			
24			1			
25			1			
26			1			
27			2			
28			2			
29			2			
30			2			
31			2			
32			1			
33			1			
34			2			
35			2			
36			2			
37			2			
38			2			
39			2			
40			2			
41			2			
42			2			
43			2			
44			1			
45						
46						
47						
48						
49						
50						
TOTAL IND.			4			
TOTAL DEP.	←	58	←		←	←
TOTAL CLAIMS		62				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.	←		←		←	←
TOTAL CLAIMS						